community care services, treatment of opportunistic infections and prevention of occupational exposure;

- Collaborative efforts to promote inter-sectoral programme activities including workplace interventions and public private partnerships;
- Build technical and managerial capacities for programme implementation through surveillance, training, monitoring and evaluation, technical resource groups, operational research and programme management.

In order to accelerate decline of Maternal Mortality Rate, provision has been kept for upgrading Primary Health Centres for providing 24-hour delivery services, operationalising the First Referral units for providing Emergency Obstetric Care and training the health staff for providing Skilled Birth Attendance at delivery, under the Second Phase of Reproductive and Child Health Programme.

Hike in hospital charges in Government hospitals

533. SHRI TARIQ ANWAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have increased 10% in consultation, investigation and treatment charges in Government hospitals in several cities;

(b) if so, the details thereof; and

(c) whether the poor patients are finding difficult to get the treatment in the Government hospitals?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) There has been no increase in consultation, investigation and treatment charges in Central Government Hospitals in the recent past.

Harassment to CGHS beneficiaries by the CGHS approved private hospitals

534. PROF. ALKA BALRAM KSHATRIYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that many a times recognised private hospitals for CGHS beneficiaries are not adhering to the norms specified by Government and harassing the CGHS beneficiaries going there;

(b) if so, the steps being taken by Government to punish the defaulting recognised private hospitals; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The CGHS recognised private hospitals/diagnostic centres which were found violating the provisions contained in the Memorandum of Agreement (MOA) signed by them with the Director, CGHS, have been issued show cause notices pointing out the irregularities found in their hospitals. Referral of CGHS beneficiaries for taking treatment in some of the CGHS recognised private hospitals/diagnostic centres has also been stopped due to the irregularities found in the hospitals.

Scarcity of medicines in CGHS dispensaries

535. PROF. ALKA BALRAM KSHATRIYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the immense difficulties being faced by CGHS beneficiaries as many a times medicines are not available in the dispensaries;

(b) if so, the steps taken by Government to make these medicines available; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Adequate quantity of medicines is available in CGHS dispensaries. However, any drug prescribed by the specialists and not available in the dispensary is made available to the beneficiary from the authorised local chemist on the basis of individual prescription. In the case of CGHS dispensaries which do not have any authorised local chemist attached to them the CGHS beneficiaries (including pensioner beneficiaries) are permitted to purchase the medicines from the open market for which reimbursement is made by the Government.